

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**OPEIU JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)

**A. John W Jatoft**

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City State Zip Code  
CONCORD CA 94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943304**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. John W Jatoft**

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City State Zip Code  
CONCORD CA 94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2011

**Transaction ID : C3943305**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. John W Jatoft**

Mailing Address 4071 PORT CHICAGO HWY  
Suite 200

City State Zip Code  
CONCORD CA 94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2011

**Transaction ID : C4383019**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00